POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.T		3-8-00
O.I.P.E. CLASSIFIER	Mr		5_//
FORMALITY REVIEW		12572	4-13 00
RESPONSE FORMALITY REVIEW		9/10	4-7 500

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
	Allowed	l	
	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

_ v, v,	<del>-</del>	Restricted	0	Objected	d
	Date	Claim	Date	Claim	
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9/1	<del>                                     </del>	58	<del></del>	108	
10 0	<del>┞╸╏╶╏╸╏</del>	59	<del>             </del>	109	
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15		65	<del> - - - - </del>	114	<del></del>
16		66	╅┼┼┼┼┼	116	<del></del>
17		67	╅┼┼┼	117	<del>┤┤┤┤┤</del> ┤┤
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20		70	<del> - - - - - </del>	120	╾ <del>╏╶╏╸╏</del> ╌╂╼╂╌╂╼
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25		75		125	<del>╶╎╶╎╼╎═╎═</del> ┆═
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